

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/23/03.

## **I. DISPUTE**

Whether reimbursement is recommended for dates of service 06/30/03 through 07/29/03.

## **II. RATIONALE**

The medical bill in the dispute for the date of service 07/15/03 for CPT codes 97110 and 95851 was not properly submitted to the carrier for reconsideration pursuant to §133.304, therefore, will not be reviewed per the MFG.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended for the dates of service 06/30/02, 07/01/03, 07/02/03, 07/07/03, 07/10/03 and 07/15/03.

Date of service 07/29/03 for CPT code 97750-MT, requestor billed \$43.00 and carrier made no payment. Carrier denied services as "L-Not treating doctor." Per the TWCC-60, \_\_\_\_ is listed as the treating doctor and also is listed as the treating doctor on the submitted EOBs and relevant information indicates that \_\_\_\_ performed the muscle testing on the date of service in dispute. Therefore, based solely on this information reimbursement is recommended in the amount of **\$43.00**.

### **III. FINDINGS & DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97750-MT. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$43.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 11th day of May 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb